

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5033

1. PLACE OF DEATH

County Cedar

Registration District No. 164

File No. 125

Township Centon

Primary Registration District No. 5229

Registered No. _____

City Jerico Spgs (No. _____)

St. _____ Ward _____

2. FULL NAME

Alice Luvenia Shoemate

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dulcie Shoemate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/25-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 10 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scutchboard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attendat

10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co Missouri

13. NAME Thomas Brashier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Nancy Lathrop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Frank Deodiff Jerico Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jerico Spgs DATE 2/14 1933

19. UNDERTAKER (ADDRESS) Sp Mitchell Jerico Spgs Mo

20. FILED 2-24-1933 131 M. Davis Registrar.

OCCUPATION
MOTHER
FATHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-13-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1931 to Feb 13 1933

I last saw him alive on Feb-12 1933. Death is said to have occurred on the date stated above, at 4:05 P.M.

The principal cause of death and related causes of importance were as follows:

Endocarditis
Rheumatism

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. L. Swanson, M.D.
(Address) Jerico Springs, Mo.

CAUSE OF DEATH IN plain terms, so that it may be read.

